(1) PLACE OF BIRTH

County of [illegible]

Township of [illegible]

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
20204

Registration District No. 4005 Registered No. 43
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child [illegible] West — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
[illegible]	—	6	no	6 (Name of Month) 1 (Day) 1922 (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME [illegible] Holliday	(14) NAME BEFORE MARRIAGE? Rena West
(9) PRESENT POSTOFFICE OF FATHER [illegible] S. C.	(15) PRESENT POSTOFFICE OF MOTHER [illegible] S. C.
(10) COLOR OR RACE [illegible] (11) AGE AT LAST BIRTHDAY 9 (Years)	(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE S. C.	(18) BIRTHPLACE Union Co.
(13) OCCUPATION [illegible]	(19) OCCUPATION [illegible]
(20) Number of children born to mother, including present birth [illegible]	(21) Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

(24) State whether Physician or Midwife Phy.

(25) Address of Physician or Midwife [illegible]

Given name added from a supplemental report

.....

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 1922 (28) Mrs. J. C. White
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCALL OF COLUMBIA, COLUMBIA, S. C.
Form No. 8